



Both “illness and temptation of the enemy”: melancholy, the medieval patient and the writings of King Duarte of Portugal (r. 1433–38)

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Recent historians have rehabilitated King Duarte of Portugal, previously maligned and neglected, as an astute ruler and philosopher. There is still a tendency, however, to view Duarte as a depressive or a hypochondriac, due to his own description of his melancholy in his advice book, the *Loyal Counselor*. This paper reassesses Duarte's writings, drawing on key approaches in the history of medicine, such as narrative medicine and the history of the patient. It is important to take Duarte's views on his condition seriously, placing them in the medical and theological contexts of his time and avoiding modern retrospective diagnosis. Duarte's writings can be used to explore the impact of plague, doubt and death on the life of a well-educated and conscientious late-medieval ruler.

Keywords: melancholy; religion; medicine; King Duarte of Portugal; patient narratives

Introduction

Since I know that many have been, are and henceforth will be touched by this sin of sadness that proceeds from disordered will, currently called in most cases an illness of the melancholic humor which physicians say comes in many forms ... [and] I felt its effects for more than three years continuously and by special mercy of Our Lord God was restored to perfect health. ... I propose to describe for you the beginning, middle and end of what happened so that my experience can be an example to others.¹

Thus begins the section of King Duarte of Portugal's vernacular advice book, the *Loyal Counselor*, which deals with melancholy, linking it to sin but also recognizing it as an illness. Drawing on personal experience, he suggests both medical and religious methods of overcoming feelings of joylessness and fear, feelings which he felt that he had conquered. However, later generations saw him as a depressed hypochondriac and also politically weak, mainly because of a disastrous attack on Tangiers in 1437, which ended with the king's brother, Fernando, taken hostage. Fernando's death in captivity in 1443 influenced Duarte's later reputation, especially against the backdrop of later expansion into Africa. Duarte himself died suddenly in 1438, leaving a young son on the throne and a kingdom in crisis. According to chronicler Rui de Pina (d. 1522), physicians debated whether he died of plague, a wound on his arm, fever or sadness as a result of Tangiers, the latter being his own preferred option.² Towards the end of his

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¹Duarte de Portugal, *Leal Conselheiro*, 73 (hereafter referred to as *LC*). All translations are mine.

²Pina, *Crónicas*, 573; Duarte, *D. Duarte*.

life, Duarte wrote an equestrian manual, the *Livro da Enseñança da Arte de Bem Cavalgar*, and compiled the *Loyal Counselor* at the suggestion of his wife Leonor of Aragon (d. 1445), both texts surviving in a single manuscript discovered in Paris in 1804.³ These texts appear to be closely related to a commonplace book in which Duarte collected letters, notes and recipes, and also significantly listed the books in his library.⁴ All these works have attracted the interest of historians seeking to understand Portuguese mentalities at the dawn of the “age of the discoveries,” but Duarte’s sadness is usually studied in a modern psychiatric context, and is little known outside Portugal. The aim here is to explore the close association between medicine and religion in Duarte’s writings, drawing attention to the problem of retrospective diagnosis, and emphasizing the significance of these texts as “patient”-authored narratives of the fifteenth century.

“An illness of the melancholic humor”

The *Loyal Counselor* seems to have been based on material collected in Duarte’s commonplace book: it is in effect a “public” version of “private” observations and reflections drawn from favorite readings and treasured advice. In order to make sense of it all, however, the king structured much of the text around an analysis of the seven mortal sins. Drawing on the influential writings of the early-Christian monk John Cassian (d. c.440), Duarte sub-divided the sins into emotions, with anger including hate, sadness, grief, regret, discontent, disgust and longing.⁵ There are six causes of sadness: first, fear of death, dishonor and suffering; secondly, un-assuaged anger; thirdly, prolonged desire; fourthly, grief as a result of loss, death, imprisonment, dishonor, illness, longing and solitude; fifthly, disordered complexion which is “really called an illness of the melancholic humor;” and sixthly, conversation with sad people or failure to be happy.⁶ Rather than then discussing each cause in turn, as would be logical, in the next chapter Duarte plunges into reminiscences related to the fifth cause: “The manner in which I fell ill of a melancholic humor and recovered from it.” During the preparations for the conquest of Ceuta in North Africa (1413–15), his father João I (r. 1385–1433) instructed him to govern the kingdom in his place. Aged twenty-two and accustomed to a life of hunting and courtly pursuits, the burden of state business made his heart joyless and filled him with groundless imaginings. After about ten months of continuing to work hard (with no outward change in him), plague broke out in Lisbon; Duarte became ill and was convinced that he was going to die. After his recovery, his sadness worsened as he feared death and pondered the brevity of life. This continued until his mother Philippa of Lancaster died of plague in 1415. Focusing on the reality of her death allowed Duarte to stop thinking so much about his own, and he gradually began to recover. The whole episode lasted for more than three years but at the time of writing he says that he feels happier than ever before.⁷

³The manuscript probably left Portugal when Leonor went into exile in 1440, found its way to Naples, and thence to France after Charles VIII’s Italian invasion in 1495: *LC*, xvii–xviii; Duarte, *D. Duarte*, 197–212.

⁴Duarte de Portugal, *Livro dos Conselhos*, 206–8 (hereafter referred to as *LCon*). This edition is based on a manuscript dating to c.1600.

⁵*LC*, 62, 70; Dionísio, “Dom Duarte, Leitor de Cassiano;” Wenzel, *The Sin of Sloth*.

⁶*LC*, 71–2. The medieval words *sanha*, *tristeza* or *nojo* do not necessarily mean the same in modern Portuguese, let alone the same as “anger”, “sadness” and “grief”. See Rosenwein, “Worrying About Emotions in History.”

⁷*LC*, 73–7.

Duarte tells us that his case was initially hopeless; neither the advice nor the remedies of physicians, confessors, and friends could help. Eventually, however, he realized that he suffered both “illness and temptation of the Enemy.”⁸ He decided that it was caused by fear of death and the burden of work, and after his mother’s death he felt that God granted it so that he might correct his sins. His heart desired him to do bad things (*mal fazer*) so he used reason and faith to endure the test patiently, virtuously and with good hope. He decided not to change the pattern of his life, and rejected the advice of some physicians to have sex, abandon his work and drink undiluted wine. He claims that he recovered without recourse to physicians or their medicines (*meezinhas*). He did not change his already well-moderated diet, even eating occasionally those foods “which the physicians call melancholic.”⁹ He insists that wine should be well-watered, since drunkenness only masks the original problem and leads to sin, even if done on medical advice. He prefers as medicine (*meezinha*) the conversation of good, wise friends, the reading of books of virtuous advice, and avoidance of solitude and idleness. He considers it important to keep the body in equilibrium by having enough sleep, drinking temperately and keeping a balance between work and leisure. He recommends fasting as usual and the taking of “common pills” whenever the sadness arises. A recipe in his commonplace book explains that these contain saffron, myrrh and *açefar* (aloes?); fennel, lemon, bugloss, or rose waters, or white wine; and mastic and spurge. Half a silver spoonful was to be taken with cold water or wine or honey depending on the individual’s complexion.¹⁰

Duarte believes that someone in good health should avoid purging and blood-letting where possible. He also tries to take breaks, riding and hunting to relax, and avoids plague, learning the best preventive methods and cures, some of which he includes in his commonplace book.¹¹ Later in the *Loyal Counselor* in a section on prudence, he explains “the reasons why it seems good to flee pestilence,” drawing on arguments that would later become standard.¹² Otherwise, Duarte believes that bad times are ordained by God and to be endured patiently. He encourages firmness of faith, since sadness relating to sin invariably results from a lack of faith, although sometimes it can result from trying to live a perfectly virtuous life and failing, since it is not possible for everybody to achieve the same level: even the apostles differed in virtue due to age, natural disposition and the position of the planets at birth.¹³ Faith requires alms-giving and pious acts; practicing the cardinal virtues of prudence, justice, temperance and fortitude, and maintaining the health of the body: “because the health and strength of the body generally offer great help to the efforts of the heart.”¹⁴ In the worst forms of sadness, leading to madness (*sandice*), self-neglect and suicide, the only cure he knows is devotion to God and the Virgin Mary via confession, penance, Holy Communion and worthy deeds. The person should not be left alone, having always discreet, devout company, and should follow medical advice in diet as

⁸LC, 75.

⁹LC, 78. According to Vasco de Taranta (fl.1378–1418), a Portuguese physician based in southern France, these included old salted cheese, hard salty or smoked meat, hard bread, all types of legumes and beef (*Philonium*, fol. 14^v).

¹⁰LCon, 256. For similar recipes, see Taranta, *Philonium*, fols 14–16, 100v, and 103.

¹¹LCon, 93–6, 247–65, 271, 273–83, 286.

¹²LC, 219–24; Grell, “Conflicting Duties;” Wallis, “Plagues, Morality and the Place of Medicine.”

¹³LC, 84–5.

¹⁴LC, 75–85.

long as it is without sin; avoiding fasts and other religious practices that the body and will cannot bear, just as in other illnesses.¹⁵

Previous interpretations

Previous interpretations of King Duarte's sadness have focused on whether it had a negative political impact, and there has been very little interest in his writings from a medical perspective. In the late nineteenth century Oliveira Martins dismissed the *Loyal Counselor* as confused ramblings, and established Duarte as a feeble-minded king, an image that historians have only recently managed to dislodge.¹⁶ It is now accepted that the debacle at Tangiers in 1437 was not Duarte's fault; his brother Henrique "the Navigator" (d. 1461) was in command and Duarte had been personally opposed to the campaign, agreeing to it only to placate ambitious siblings and conform to Iberian ideals of kingship. Duarte may have felt guilty about his brother Fernando's continued imprisonment, but Rui de Pina's assertion made around 1500 that it caused him to die of sadness must be set in context. Pina emphasized Duarte's ineptitude because he wrote at the court of King Manuel, son of Henrique's adopted heir. If it were not for Duarte's sudden death, Portugal's expansion, so important to Manuel, might have ceased, since Henrique was discredited after Tangiers. Henrique was only later able to pursue the settlement and exploration of the Atlantic islands and West Africa, shifting the blame for Tangiers on to one dead brother and presenting another, Fernando, as a saint.¹⁷ Pina was one of a series of royal chroniclers whose task it was to package events as part of a divine plan. Having Duarte die of sadness emphasized the failures of his reign on a personal level without tarring the rest of the dynasty. Pina does not, however, describe Duarte as melancholic, referring to him as happy (*allegre*), pious and learned, a fine horseman, hunter and fighter. The real damage to Duarte's reputation came in the nineteenth century with the promotion of Henrique as a naval hero, and the discovery of Duarte's introspective writings. In his equestrian manual Duarte acknowledges the reality of knightly fears, and in the *Loyal Counselor* he mentions that both his heroic father and the celebrated Constable Nuno Álvares Pereira suffered some kind of panic attack. It has been suggested that one aim of chivalric literature was to deny fear, so by acknowledging that even the bravest men could faint or panic, Duarte challenged an ideal which only declined after World War I.¹⁸

The other crucial factor in the nineteenth century was the development of psychiatry. During the eighteenth century, melancholy shifted from a humoral-spiritual ailment to a matter of the nerves, and by the late nineteenth century it indicated a neurasthenic or degenerate mind. The term "depression" became popular later.¹⁹ In early-twentieth-century republican Portugal, some saw the entire royal family as degenerate, and recent historians assume without question that Duarte suffered from depression and hypochondria.²⁰ There is never any attempt to problematize this retrospective

¹⁵LC, 86–7.

¹⁶Martins, *Filhos de D. João I*, 125–46.

¹⁷Santos, *D. Duarte*; Vasconcelos, "Contribuição para o Estudo da Psicologia;" Duarte, *D. Duarte*, 60–86, 222–51; Russell, *Prince Henry*, 135–94.

¹⁸Duarte de Portugal, *Arte de Bem Cavalgar*, 42–56; LC, 79; Taylor, "Chivalric Conversation and the Denial of Male Fear." For an alternative view that Duarte was not unusual in acknowledging fear in warfare, see Kaeuper, *Chivalry and Violence*, 165–9.

¹⁹Porter, "Mental Illness;" Brown, "Mental Diseases."

²⁰Dantas, "Neurastenia;" Dias, "D. Duarte e a Depressão;" Duarte, *D. Duarte*, 87–93.

diagnosis, let alone subject it to post-modern analysis by challenging concepts of (ab)normality.²¹ It is actually difficult to set Duarte in the context of the history of “madness.” There is no evidence for relevant institutions in medieval Portugal; only tantalizing glimpses of demoniacs in hagiographical literature.²² It may be revealing that Duarte included an exorcism for possession in his commonplace book but he never referred to his melancholy in this light apart from referring to it as diabolic temptation, although this might be suggestive.²³ He also linked his illness to that part of the soul located in the heart, so it is misleading to describe his condition as “mental” illness since it was not connected to the “mind.” Duarte seems to have felt the state of his soul to be “abnormal,” but it is difficult to describe him as ill. He does not suffer the frenzy or stupor of contemporaries Charles VI of France (1380–1422) and Henry VI of England (1422–71), although he recognizes that melancholy could lead to these states.²⁴

There is very little evidence that Duarte’s contemporaries saw him as abnormal. The royal chronicler Gomes de Zurara (d. c.1474), who may have known Duarte, described the king’s melancholy in the mid-fifteenth century in terms that suggest that at some point he had had access to the *Loyal Counselor* itself before the manuscript left the country.²⁵ Rui de Pina knew of the text but does not seem to have read it and cannot be accepted as an eye witness. Yet the latter’s physical description of Duarte was later used as proof of neurasthenia. According to Pina, Duarte had a round, quite wrinkled face, a sparse beard and eyes described as *molles*. Strictly meaning “soft,” this last word is often translated today as “lost” or “lifeless.” It is unclear whether this description had connotations of weakness when Pina wrote, or whether later observers interpreted it according to their own perceptions of kingly masculinity.²⁶ The Portuguese physician Vasco de Taranta wrote in the *Philonium*, completed in 1418, that a *profundatio* of the eyes was a symptom of melancholy, but made no reference to beardlessness or premature aging.²⁷

Some literary historians influenced by Freud, or sometimes Foucault, argue that melancholy became fashionable for genteel men from the late Middle Ages, seeing it as the performance of “anxious masculinity.”²⁸ Unable to deal with the demands of the patriarchal, misogynistic society to which they belonged, some men became filled with grief often eroticized as love-sickness.²⁹ It is hard though to see Duarte’s

²¹Arrizabalaga, “Problematizing Retrospective Diagnosis;” Foucault, *Madness and Civilization*.

²²For example, forty-six miracles recorded in 1342–43 in Guimarães, in northern Portugal, include eleven cases of possession. See Martins, “Livro dos Milagres.”

²³*LCon*, 240–1.

²⁴Guenée, *Folie de Charles VI*; Rawcliffe, “Insanity of Henry VI.” Much more comparative work could be done on mad/sick kings and the effects of their condition on the kingdom. See already Hamilton, *Leper King and his Heirs*; and Biggs, “Politics of Health.” It would also be interesting to study the theme of melancholic kingship over the *longue durée*, drawing on biblical, classical and medieval scholarship.

²⁵Zurara, *Crónica de Guiné*, ch. 3.

²⁶Pina, *Crónicas*, 494; Martins, *Filhos de D. João I*, 129; Duarte, *D. Duarte*, 89.

²⁷Vasco de Taranta, *Philonium*, fol. 15.

²⁸Breitenberg, *Anxious Masculinity*; Enterline, *Tears of Narcissus*; Soufas, *Melancholy and the Secular Mind*; Schiesari, *Gendering of Melancholia*. See also Huot, *Madness in Medieval French Literature*; Harper, *Insanity, Individuals and Society*; Hollywood, “Acute Melancholia.”

²⁹On love-sickness generally, see Wack, *Lovesickness in the Middle Ages*, which also takes a Freudian approach on pp. 146–80. And for a discussion of another king of Portugal who may have had this condition, see the forthcoming McCleery, “Medical Emplotment.”

melancholy as “anxious masculinity.” His may have been a particularly male grief at the loss of youthful freedoms and the burden of adult duties, but it was not eroticized. The psychoanalytical approach is persuasive and has shaped heavily our understanding of self and identity, but its prejudices against religion and emphasis on sexuality are unacceptably anachronistic.³⁰ Many historians see Duarte’s religiosity as the cause of his illness, arguing that he suffered profound guilt as a result of his pious upbringing by Philippa of Lancaster, daughter of the English prince John of Gaunt, in turn affected by her own childhood in the “immoral” household of her father’s mistress, Katherine Swynford. It has been argued that as a result, the Portuguese dynasty was deeply repressed sexually.³¹ It is easy to psychoanalyze Duarte, focusing on his relationships with his parents, dwelling on his late marriage (aged thirty-seven), his views on the inferiority of women, and his rejection of wine and sex as cures for his condition. One scholar even argued that Duarte suffered an Oedipal complex taking on the role of king at his mother’s side.³² Yet these approaches fail to recognize key factors: the way in which Philippa was “victorianized” by modern historians;³³ the need for João I, a bastard who usurped the throne in 1383–85, to legitimize his authority through the Church; the demands of state-building; and the multiple layering of Duarte’s views on sex.³⁴ He rejected sinful premarital sex perhaps as much because he was influenced by the story of Galahad in his library as his religious education, and married late due to lengthy political negotiations not distaste.³⁵ He describes love-sickness several times in the *Loyal Counselor*, seeing it as a cause of other forms of melancholy, and advising against passionate love.³⁶ On the other hand, marital compatibility seems to have been important to him as he apparently refused a match with a bride of four lest she grew up blind, leprous or paralyzed.³⁷ Duarte’s relationship with Leonor, the dedicatee of the *Loyal Counselor* with whom he had nine children, appears to have been harmonious: he felt that the love of a good, wise, attractive and gracious wife was “a great remedy against sadness and boredom,” suggesting that he did not reject sex as a cure *per se*.³⁸ Neither did he reject wine through prudishness, noting in his discussion of gluttony that women and Muslims drank water and therefore avoided illness and lived longer.³⁹ He was not obsessing about sin but expressing a personal view on health that should be taken seriously.

³⁰For opposing views, see Patterson, “Chaucer’s Pardoner on the Couch;” and Partner, “The Hidden Self.”

³¹Coelho, *D. João I*. See in contrast: Lucraft, *Katherine Swynford*.

³²Dias, “D. Duarte e a Depressão,” 81. See also David-Peyre, “Neurasthénie et croyance chez D. Duarte de Portugal.”

³³Sena, “Vitorianismo de Dona Felipa de Lancaster.” The term “victorianization” or “victorianism” refers to the inappropriate attribution of nineteenth-century moral virtues to this English princess by modern historians.

³⁴Hutchinson, “Leonor Teles;” Ventura, *Messias de Lisboa*.

³⁵Meireles, “Consciência e Vontade,” 47–8. For Galahad, see *LCon*, 207; and for marriage, see Duarte, *D. Duarte*, 94–128.

³⁶Duarte listed love-sickness as the third cause of sadness and discussed it in the context of friendship and marriage: *LC*, 72, 175–97.

³⁷Lopes, *Crónica de D. João I*, 2: 446. For the idea that harmonious partnership was as important as begetting heirs, see Earenfight, “Without the Persona of the Prince.”

³⁸*LC*, 90.

³⁹*LC*, 126. Pina also records Duarte’s moderation in food and drink, in *Crónicas*, 495.

A “history of the patient” approach

In 1985 the social historian Roy Porter encouraged studying the history of medicine “from below,” i.e. from the perspective of patients rather than practitioners or institutions. He wanted dramatically to reconfigure the history of medicine and disease but, as Flurin Condrau recently observed, more than twenty years later the methodology of patient history has progressed little, despite worthy publications mostly on the early-modern period.⁴⁰ Only a few medievalists have tackled the sick, managing skillfully to make the most of limited sources.⁴¹ The main problem is defining the “patient.” Thanks to Michel Foucault, it has come to imply a formal relationship between passive sick person and powerful healer.⁴² Porter acknowledged Foucault’s argument that modern patients have no objective existence away from the medical “gaze,” but he wondered whether this were not anachronistic for pre-industrial times when the sick more rarely came into contact with medical practitioners. He preferred the term “sufferers” and wished to broaden their history to include the material conditions of life, belief systems, classifications of illness, illness behavior, and healthcare choices.⁴³ He assumed that the sick had more choice and influence than today, and that the majority of healthcare operated outside a “professional” medical framework but still within some kind of healthcare “marketplace.” As Condrau notes, the concept of a medical marketplace is another 1980s historiographical development.⁴⁴ It can be criticized for its emphasis on consumerism and lack of inquiry into “choice;” as much a construct as the “marketplace.” Rather than making a “choice” between medicine and other forms of healing, it is possible to argue that the sick encountered a series of inter-connected healing practices, often surprisingly medicalized, the availability of which depended on location, status, beliefs and customs as much as cost.

It is possible to engage with many of these issues through the study of King Duarte. Studying this royal “patient” is not an example of “how-great-men-died” anecdotal medical history, but a study of how health could be understood politically and personally by somebody who happened to be king. Michael McVaugh showed how royal health concerns deeply affected the medieval Crown of Aragon as a whole, and the aim here is to take this approach further by making use of methodologies drawn from “narrative medicine.” This merger between literary analysis and clinical practice decodes patients’ accounts of their illness and recognizes writing as therapeutic to both patient and practitioner. Mainly practiced in the United States, and rarely applied to the pre-modern period, Flurin Condrau points to it as “the major methodological refinement of patients’ history.”⁴⁵ Like psychoanalysis, it is a modern form of interpretation, but it avoids the illusion of a direct conversation (the “talking cure”), and it decodes text by interpreting structure and imagery in its original context and accepting that the reception of text changes over time. By analyzing the *Loyal Counselor* as a “pathography” or illness-narrative, it is possible to say much more about Duarte’s attitudes towards medicine and religion.

⁴⁰Porter, “Patient’s View;” Condrau, “Patient’s View Meets Clinical Gaze.”

⁴¹McVaugh, *Medicine Before the Plague*; Henderson, *Renaissance Hospital*.

⁴²Foucault, *Birth of the Clinic*.

⁴³Porter, “Patient’s View,” 181–2, 185–9.

⁴⁴Condrau, “Patient’s View Meets Clinical Gaze,” 535. See also the criticism in Jenner and Wallis, “Medical Marketplace.”

⁴⁵Condrau, “Patient’s View Meets Clinical Gaze,” 527; Kleinman, *Illness Narratives*; Brody, *Stories of Sickness*; Charon, *Narrative Medicine*.

The key to understanding the *Loyal Counselor* is recognizing that the loyalty it refers to throughout is owed to God. This can be exercised on three levels: the individual, the household and the kingdom. Loyalty is undermined by sinful, weak-willed and emotional behavior, and hindered by ill-health, often a consequence of weakness, passion and sin. For Duarte the health of his kingdom was intimately connected to his own spiritual and physical health. If he died before his sons grew up, he would leave the kingdom vulnerable (as indeed happened). It was essential therefore that he took measures to preserve the health of body and soul, maintaining loyalty to God on all three levels by recognizing personal sin, following healthy regimen, organizing religion in his court and household, and ruling justly and prudently. The chapter on Duarte's melancholy is thus central to the whole work because it describes what happens when such measures fail.⁴⁶ Its narrative significance can be seen from the way it disrupts the order of discussion, and its almost complete lack of quotations from authorities. This is also the only time Duarte tells a chronological story, underlining that there was a beginning, middle and end (*cura*) to his condition: a method paralleling the narrative drive of a medical case history or religious conversion.

In order to avoid illness, Duarte did not reject medicine for religion, as a cursory glance at his writings might suggest. He probably had medical texts in his library: a copy of the health guide known as the *Viaticum*, written by Ibn al-Jazzar (d. c. 1004), and sections of the *Canon* of Avicenna (d. 1037), one of the most important medical works of the late Middle Ages.⁴⁷ In the *Loyal Counselor* Duarte frequently asserted that medical advice should be taken in matters of regimen, recommending twice-yearly purging.⁴⁸ His regimen choices were indebted to the Arab-Galenic manipulation of the six "non-naturals:" air, food and drink, excretion and repletion, sleeping and waking, exercise and rest, and "accidents of the soul," i.e. the emotions, as can be seen in the diet for the stomach included towards the end of his commonplace book.⁴⁹ Here he recommended the same "common pills" used for sadness in the *Loyal Counselor*. This suggests that Duarte suffered from inflammation of the stomach (hypochondria), which was seen as a physical symptom of melancholy until at least the late seventeenth century.⁵⁰ It was only after this date that hypochondria came to be seen as a state of malingering.⁵¹

Not only does Duarte live in keeping with contemporary medical advice, but he is also well-informed in the advice that he gives. His counsel on plague management is the earliest to survive in Portugal, and the recipes in his commonplace book bear close comparison to those in herbal collections.⁵² He accepted the presence of medical practitioners, explaining in a fivefold model of society that physicians and surgeons belonged among those who practiced approved arts, coming after those who fight, those who pray, those who fish and labor, and those who hold office.⁵³ Medical practitioners

⁴⁶Meireles, "Consciência e Vontade," 75–9.

⁴⁷The titles *Viatico* and *liuros davicena* in *LCon*, 206–7 possibly refer to liturgical or philosophical works. See Nascimento, "Livrarias dos Príncipes de Avis;" Braga, *História da Universidade de Coimbra*, 1: 211–14; Duarte, *D. Duarte*, 201–3.

⁴⁸*LC*, 87.

⁴⁹García Ballester, "On the Origin of the 'Six Non-natural Things' in Galen."

⁵⁰*LC*, 370.

⁵¹Jackson, *Melancholia and Depression*, 274–310.

⁵²Roque, *Pestes Medievais*, 142–61; Marques, *Daily Life in Portugal*, 142–4. Duarte's recipes are comparable to those in the oldest Portuguese vernacular medical manuscript (fifteenth century): Biblioteca Pública de Évora, MS CXXI/2–19.

⁵³*LC*, 25–6.

were indeed in attendance at Duarte's court, including some licensed to examine the skills of other physicians and surgeons. These people were surely influential in the construction of Duarte's medical knowledge, allowing him in turn to shape the kingdom's emerging system of public health through legislation.⁵⁴ As pointed out earlier, however, he rejected the advice of these practitioners to have sex and drink undiluted wine. He also rejected the advice of his Jewish physician and astrologer Guedelha to reschedule his coronation to a more propitious hour in 1433.⁵⁵ Most importantly, Duarte's favorite plague recipe was one of powdered badger sent to him from Italy along with a verse regimen by a royal counselor, Diogo Afonso de Mangancha (d. 1448), a doctor of Canon and Civil Law rather than medicine. This last example illustrates how knowledge about health and disease could circulate outside of an obvious medical "marketplace." Diogo explains in a letter Duarte copied into the commonplace book that he had failed to save his first wife with the recipe because he used too old a mixture, but swore by its efficacy when made properly. He claimed that after his wife's death he had read books on philosophy and medicine and discussed matters with physicians until he found "natural remedies" on which there was a medical consensus.⁵⁶ Medical authority seems to have strongly influenced these men, but it was not enough on its own: personal experience and learning were also crucial components of health-care "choice" and ultimately earthly medicine could only go so far to preserve health and maintain loyalty to God.

Study of Duarte's melancholy should be placed back in the context of his family's learning and experience, focusing not on the supposed dysfunctional aspects of this family, as has so often been done, but examining its members' intellectual and religious interests. By the 1430s Duarte's family formed one of the most well-connected dynasties of renaissance Europe, known for its interests in maritime technology, astrology, theology and literature.⁵⁷ Duarte's natural philosophical and political musings have long been studied in relation with the writings of his brother Pedro, Duke of Coimbra (d. 1449), who traveled widely and produced a Portuguese version of *On Benefits* by Seneca (d. 65AD), and *On Offices* by Cicero (d. 43AD); the former dedicated to Duarte, who had copies of both in his library and included passages in his commonplace book.⁵⁸ The chapter in the *Loyal Counselor* that deals with Duarte's own melancholy is not however usually studied in this light, as it used to be seen as illogical rather than central to the composition, and it contains no quotations from classical or patristic authors. Yet it is possible to argue that Duarte's background, far from causing his illness, helped to frame his understanding of it.

In a recent article on early-modern melancholy, Angus Gowland argues that the condition became widespread in renaissance Europe not because of any expansion in

⁵⁴Unfortunately, only traces survive of the licensing system in this period: Master Gonçalo examined the Jewish surgeon Master Samuel Souçol in 1435; and Master Nacim, also Jewish, was licensed to examine eye specialists in 1434 (though only the confirmation by Afonso V survives from 1439). See Dias, *Chancelarias Portuguesas*, 3: 356–7; Gonçalves, "Físicos e Cirurgiões Quatrocentistas," 51, note 1.

⁵⁵This may be another plot device used by Rui de Pina to explain Duarte's political failings. Guedelha foretold a short, troubled reign if the king did not take his advice; the counselors of Afonso V did listen in 1438, thus explaining his forty-year reign: Pina, *Crônicas*, 492–3, 588–9.

⁵⁶*LCon*, 93–6. On the informal exchange of recipes as a challenge to the concept of the medical marketplace, see Ralley, "Medical Economies."

⁵⁷Russell, *Prince Henry*, 19–26.

⁵⁸*LCon*, 207; Calado, *Livro da Vertuosa Benefetoria*; Piel, *Livro dos Ofícios*.

anxiety or worsening social conditions, as others have suggested, but because of greater access to introspective ancient texts, concerns about demonology and witchcraft, and increasing lay engagement with religion.⁵⁹ We should not exaggerate the link to demonology, but Duarte did describe his condition as “diabolical” and it may be relevant that one of the earliest sources for witchcraft in Portugal is a pardon letter he issued in 1435 to sisters accused of sorcery, procuring and fornication.⁶⁰ He also requested advice on which kinds of astrology were licit or illicit from the same Dr Mangancha who sent him a plague recipe, and contrasted deceitful alchemy and sorcery to marvels that he had himself witnessed such as water divining, miraculous cures and gunpowder.⁶¹ Like most medieval people, Duarte would have believed fervently in demons and eternal damnation, but unlike most medieval people whose personal engagement with religion cannot be discerned, his religious dilemmas are very visible. Duarte’s education in theology and the classical humanities may have challenged his faith, making him anxious about how to step a careful path between sinful and righteous behavior; but as Gowland suggests, they also provided him with the language and context in which to describe and deal with his doubts and experiences.

It is perhaps not surprising that Duarte favored the advice of the learned layman Mangancha, whose emotional experience of death perhaps appealed to him more than the impersonal advice of physicians. Both Mangancha and Pedro, Duke of Coimbra may also have provided Duarte with a connection to debates just beginning to emerge in Italy about the nature of genius and its relationship to the melancholic temperament. In the eyes of some humanists, later in the fifteenth century melancholy came to be seen as a gift of nature to be encouraged. In the view of some modern intellectual historians, this link was a sign of the rise of a more rational, more religiously skeptical, indeed more modern form of philosophical speculation.⁶² It is an intriguing idea, especially as Duarte’s writings appear uniquely self-reflective for his time and place and seem to us to represent a very modern form of subjectivity. Did the condition of melancholy inspire him to reach new depths of inquiry? However, we must always remind ourselves that Duarte evidently believed that his condition was an illness and a sin, gifted to him only to allow him to reconfirm his faith and loyalty to God. To argue that Duarte therefore denied his natural intellect by rejecting “rational” medicine is no better than an anachronistic Freudian interpretation. Ultimately, in order to remain loyal to God, Duarte took medicine in accordance with faith, rejecting whatever would damage his soul.

The relationship between faith and medicine is, however, even more complex than this, as Duarte seems also to have viewed religion as a form of medicine. He used the popular image of Christ the Physician and referred to pious conversation and reading as *meezinha*.⁶³ His language is therefore not dissimilar to that used by his great-grandfather Henry, Duke of Lancaster, in his own reflection on the seven sins, the

⁵⁹Gowland, “Problem of Early Modern Melancholy.” For early-modern “tribulations” as symptomatic of increasing political, religious and personal stress, see Lederer, *Madness, Religion and the State*; and MacDonald, *Mystical Bedlam*.

⁶⁰Moreno, *Marginalidade e Conflitos Sociais*, 61–78.

⁶¹*LCon*, 204–5; *LC*, 144–7.

⁶²This debate was first fully explored in Klibansky, Panofsky, and Saxl, *Saturn and Melancholy*, and more recently in Brann, *Debate over the Origin of Genius*. Brann also considers the role of demonology.

⁶³*LC*, 46, 80. On medicine for the soul and Christ the Physician, see Henderson, *Renaissance Hospital*, especially chapter 4; and Ziegler, *Medicine and Religion*.

Book of Holy Medicines, compiled in the 1350s.⁶⁴ Although there is no evidence that a copy ever came to Portugal, Duarte appears to have shared his ancestor's view that reading and writing were beneficial to the soul. Oliveira Martins wrote scathingly in the late nineteenth century that Duarte "confessed to the dumb pages of his books,"⁶⁵ but it could be argued that writing was a form of confessional therapy for him, keeping him busy and reminding him of the precepts of his faith and how to perform them in order to maintain health. Melancholy might not have inspired genius in the king, as the later Italian debate might have argued, but it certainly could be said that there was a direct relationship between the condition and his literary output. This leads to a consideration of what might have been the root of Duarte's condition as he understood it: that which challenged his faith and caused his spiritual and physical affliction and thus his confessional outpourings. Duarte's most recent biographer, Luís Miguel Duarte, suggests that a brief reference he makes to his heart desiring to do bad things (*mal fazer*) means that he might have had suicidal thoughts.⁶⁶ Although Duarte explicitly states on two occasions that melancholy can lead to suicide,⁶⁷ a close reading of the text suggests that the "bad things" were the previously mentioned recommendations of the physicians to have sex and drink undiluted wine, which reason and faith caused him to reject but his heart desired. Nevertheless, Duarte's terror of death during the plague epidemic brings him to a state of despair similar to that of suicides. He says he feels like a man who has just been told he is at the point of death by his physicians or has just been condemned to death by a judge. At this point he introduces the only quotations in this chapter: "whoever fears death, is lost for as long as he lives," and "whoever fears death, loses all pleasure in living." Attributed to *Gatom* by Duarte, these proverbs come from the *Distichs* of pseudo-Cato, a school book dating from the fourth century and used across Europe well into the sixteenth.⁶⁸ Their inclusion is striking, emphasizing the importance of this passage to understanding the king's condition.

Suicidal despair in the Middle Ages implied intense religious doubt about this life and the next.⁶⁹ Though it seems contradictory, Duarte's fear of death also challenged beliefs that death was the doorway to another life, the end of the body's corruption and soul's burden, and the demonstration of Christ's sacrifice.⁷⁰ Rather than seeing Duarte's religiosity as the cause of his illness, it should be seen as his method of dealing with a crisis in faith that he experienced during those intense two years before the conquest of Ceuta in 1415. Overburdened by work, convinced he was going to die of plague and surrounded by dying people, the young man thought that what was happening was a normal change of life. It scared him, causing him to focus on the brevity of this life, not the glories of the next. Only his mother's pious death inspired him to re-engage with his faith and he spent the rest of his life using religion to guard against a recurrence of his fears and doubts.⁷¹ Rather than trying to psychoanalyze Duarte's

⁶⁴Arnould, *Livre de Seyntz Medecines*.

⁶⁵Martins, *Filhos de D. João I*, 134.

⁶⁶Duarte, *D. Duarte*, 91; *LC*, 76.

⁶⁷*LC*, 77, 86.

⁶⁸*LC*, 75; Orme, *Medieval Schools*, 98.

⁶⁹Barasch, "Despair in the Medieval Imagination;" Murray, *Suicide in the Middle Ages*, vol. 1.

⁷⁰These exhortations are those of Álvaro Pais, Bishop of Silves, from the 1340s: *Espelho dos Reis*, 2: 125–31.

⁷¹As in Zurara's chronicle of the conquest of Ceuta, Philippa's death was both a deeply personal event and a plot device shaping Duarte's narrative. See Goodman, "Lady with the Sword."

crisis, we ought to accept what he is telling us: he was young and overworked and terrified of dying, and religion helped heal a terror that his medical and theological knowledge encouraged him to label as melancholy and sin.

Much has been written about whether plague heightened or diminished religiosity in late-medieval Europe and whether contemporary interest in the macabre was a sign of fatalism in the face of death or a celebration of life both in this world and the next.⁷² It is also possible that the debate about genius that developed during the Italian Renaissance was a result of increasing emphasis on individual worth due to high plague mortality, although the intellectual historians who have studied this theme show no interest in social and economic factors. Historians like Brann or Gowland appear to see melancholy purely as the result of intellectual and theological anxiety, whereas historians like Lederer and Macdonald see it as a response to worsening life expectancy and poorer quality of life.⁷³ Duarte's writings show how melancholy can be related to both the intellectual and social background of the sufferer, with the plague having the ability to both challenge and re-enforce religious beliefs depending on prior education and local context. Much more work should be done on the history of death in late medieval Portugal before we can fully place the *Loyal Counselor* in context.⁷⁴ What should always be remembered is that Duarte's apparently modern approach should be seen not necessarily as unique to him but as a lucky survival of what could have been a much wider understanding of melancholy, death and sin. It is just chance that the single manuscript of the *Loyal Counselor* survived the vicissitudes of time and came down to us.

Conclusion

The primary intention here was to bring the writings of King Duarte to a wider audience. Hopefully, it has also been made clear that in order to understand medieval melancholy, we need to avoid retrospective diagnosis and focus on interconnections between patient and sinner, theology and medicine, and spiritual and physical health at several different levels, accepting that it was perceived as both "illness and temptation of the Enemy." Ultimately, we need to take seriously the narrative structures and images produced by the sufferers themselves, placing them in the context of contemporary medical and religious beliefs. Early-modernists such as Lederer and Schmidt agree that until the second half of the seventeenth century, regardless of intellectual debates about the causes of genius, religion was viewed by priests and doctors alike as the main consolation of those suffering from madness and melancholy. Even later when religious enthusiasm became seen as a sign or cause of madness, and belief in demons became a delusional symptom, there were influential proponents of spiritual physic or moral treatment, such as the Quakers in England or guardians of shrines in Catholic Europe. Lederer even argues that modern psychotherapy can be traced back to medieval beliefs and practices such as confession.⁷⁵ Duarte's writing was in many

⁷²This is an enormous and growing field of research, but see Herlihy, *Black Death*; Binski, *Medieval Death*; Cohn, *Black Death Transformed*.

⁷³Brann, *Debate over the Origin of Genius*; Gowland, "Problem of Early Modern Melancholy;" Lederer, *Madness, Religion and the State*; MacDonald, *Mystical Bedlam*.

⁷⁴For some context, see Marques, *Daily Life*, 269–79; Tavares, *Pobreza e Morte*; Mattoso, *Reino dos Mortos*.

⁷⁵Lederer, *Madness, Religion and the State*, especially 283–321; Schmidt, *Melancholy and the Care of the Soul*. See also Brann, *Debate over the Origin of Genius*, 442–68, for the "hairline division between insanity and genius" (452) in modern psychology and philosophy.

ways a confessional outpouring of sins and fears, but he did not reject medicine except when it seemed sinful (disloyal to God), and he wished to share his complex views with his wife and courtiers, not just with God and his priest: “so that my experience can be an example to others.” By exploring his text as a “patient”-authored illness narrative it is possible to shed new light on attitudes towards death, disease, medicine and education among the laity even if it is still at an elite level. Further research may reveal that Duarte’s writing reflected wider anxieties about death, demons and personal faith. Duarte certainly understood his melancholy to have implications that went far beyond his own person and family. He endeavored to keep healthy not only for the sake of his soul but also for the good health of his kingdom. It is ironic that the consequences of his sudden death in 1438 proved how close the relationship really was between royal health, the well-being of the population and the stability of the state.

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